

WELLNESS BENEFIT FUNDING PROGRAM APPLICATION
FOR STATE AGENCIES AND POLITICAL SUBDIVISIONS
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 58361 (11-08) Addendum to SFN 58436 Employer Discount Application

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
(701) 328-3900 • 1-800-803-7377 • Fax 701-328-3920

Thank you for your interest in the Wellness Benefit Program (WBP). This program offers benefits to help state agencies or political subdivisions provide work site health promotion activities to their employees. The Wellness Benefit Program is available to employer groups that participate in the NDPERS group health plan and participate in the Employer Based Wellness Discount Program. If an agency has more than one location, more than one program may be funded if the locations are geographically separate and if there is evidence of planning at each location. Two or more agencies/political subdivisions can submit a joint application.

Complete this application answering every question as completely as possible, using an extra sheet of paper if additional space is needed. Incomplete applications will be returned.

I. WORKSITE INFORMATION

Agency/Subdivision Name

Dept. #

II. PROGRAM & FUNDING INFORMATION

The program funds wellness benefits for healthy lifestyle programs. This application includes a sample survey document for your convenience. If you are requesting funding for the 5 A Day Challenge program, the "We Want to Hear From You" survey is a mandatory requirement. It is voluntary for all other programs. However, it is worth points in the evaluation of your funding request.

Funds are available for agency group programs and program related activities only. The following activities/services are not eligible for reimbursement:

- Food items or services, bottled water or water dispensers
- Incentives, prizes or gift certificates
- Services for massages
- Individual memberships in diet programs, health, athletic or fitness clubs
- Exercise equipment or health monitoring equipment
- Printing expenses
- Expenses for mailing or office supplies

Employers should fund these items through other means available based on their budget authority or you may consider an employee contribution to help offset these costs. In addition, funds cannot be used for the benefit of dependents, the general public, or in the case of a campus or school, for students.

Applications are reviewed and benefits awarded by the Wellness Committee within 60 days of receipt by the NDPERS office. You will be notified of the committee's decision.

1. Describe how you identified/assessed the employees' need or interest for the program. Include copies of supporting documentation (i.e. meeting minutes, agency mission statement, policy or goals, survey instrument, indicative data such as health statistics, lifestyle habits, etc.)

2. Did you conduct an employee interest survey? (The "We Want to Hear From You" survey is required if funding request is for the 5 A Day Challenge program.) Yes No

If yes, how many surveys did you distribute? _____
 (Include copy of survey instrument)

How many surveys were returned? _____

If yes, Check type of survey Paper E-mail Vote

3. Detail the program expenses by listing the supplies and/or services and estimated cost for each (use previous year's information, if applicable). Provide copies substantiating program expenses, if available:

Total Estimated Expense: \$ _____ Estimated # expected to participate in the program? _____

Estimated Cost Per Participant: \$ _____ (divide total expense by estimated # of participants)

Funding is being requested for the following programs detailed on the Employer Based Wellness Program Discount Application (check all that apply): Program 1 Program 2 Program 3

What is the expected duration of the program? (check one) Days Weeks Months
(Number)

4. Will you as the employer contribute to the cost of the program? Yes No

If yes, describe your contribution to the program: \$ _____ or _____%

5. Will participants be required to contribute to the cost of the program? Yes No

If yes, list participant contribution \$ _____ or _____%

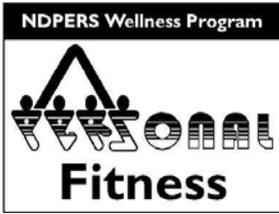
6. Have you sponsored other wellness programs? Yes No

If yes, describe the program(s).

III. AGENCY AUTHORIZATION

Signature _____ Date _____
Agency's Designated Wellness Coordinator's Signature

If applying for funding, this application must be submitted to NDPERS with the Employer Based Wellness Program Discount Application



“We Want to Hear From You” Interest Survey

If you are requesting funding for the 5 A Day Challenge program, this survey must be distributed and the completed copies must be submitted to NDPERS with this application. This survey is voluntary for all other program proposals.

Employer Name:

Description of Program:

Survey:

To assist us in learning your interest in this program, please answer the following questions:

1. Are you interested in participating in this program? Yes No

2. What would motivate you to participate in a worksite wellness program?
 - Participation during work time
 - If I felt it was of personal benefit to my health
 - Financial incentives (Reduction of insurance premiums, discounts, extra days off etc.)
 - Prizes, gifts certificates
 - Convenient location
 - Nothing would motivate me to participate in a wellness program at work
 - Other: _____

3. Would you be willing to pay a registration fee to help fund the program and pay for incentive prizes?
Yes No

4. If yes, what dollar amount would you be willing to contribute?

\$1-10 \$10-20 \$20-30 >\$30

Return this survey to:

Due by:

**Thank you for completing this survey!
Retain a photocopy for your records**